

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

IN RE BEXTRA AND CELEBREX  
MARKETING, SALES PRACTICES  
AND PRODUCTS LIABILITY  
LITIGATION

Master Docket No. M:05-CV-01699-  
CRB

MDL No. 1699

THIS RELATES TO:

MDL Case No. \_\_\_\_\_

Plaintiff: \_\_\_\_\_  
(name)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF RECORDS FROM EMPLOYER**

(Wage Loss Claimed)

***This authorization does NOT authorize the release of records of abortion. DO NOT RELEASE such records.***

**Person/Entity from Whom  
Records are Requested (“Provider”):**

\_\_\_\_\_  
Name of Employer/Educational Institution

\_\_\_\_\_  
Address City, State and Zip Code

**Employee:**

\_\_\_\_\_  
Employee Name (“Employee”)

\_\_\_\_\_  
Address City, State and Zip Code

**Information Authorized To Be Disclosed:** I authorize the Provider to furnish all records and information in its possession including but not limited to: Copies of all applications for employment, unemployment benefits, resumes, records of all positions held, job descriptions of positions held, salary and/or compensation records, performance evaluations and reports, statements and comments of fellow employees, attendance records, W-2's, worker's compensation files, all health care records, including all hospital, physician, clinic, infirmary, nurse and dental records, x-rays, test results, physical examination records, any records pertaining to claims made relating to health, disability or accidents in which I was involved including correspondence, reports, claim forms, questionnaires, records of payments made to me or on my behalf, and any other records relating to my employment with the above-named institution, including records regarding the Employee's employment, income, and education, including attendance reports, performance reports, W-4 and W-2 forms, medical reports, workers' compensation claims, and all other records relating to employment, past and present, and claims for disability. This listing is not meant to be exclusive.

***This authorization does NOT authorize the release of records of abortion. DO NOT RELEASE such records.***

**Person to Whom Records are to be Disclosed ("Recipient"):** I authorize disclosure of the above specified information to the defendant in the litigation captioned *In re Bextra and Celebrex Marketing, Sales Practices and Products Liability Litigation*, Master Docket No. M:05-CV-01699-CRB, MDL No. 1699, in which I am a plaintiff, and its authorized agent as set forth below:

Medical Research Consultants – Attn: RECORD RETRIEVAL

Name of Recipient or Recipient's Agent

Agent for Service of Record on Behalf of Defendant Pfizer Inc.

Relationship to Recipient

6330 West Loop South, Suite 105

Address

Bellaire, TX 77401

City, State and Zip Code

I further authorize disclosure to any other counsel of record for Pfizer Inc. in the above captioned litigation that may be named in the future. The Recipient has agreed to pay reasonable charges incurred by the Provider to supply copies of such records.

**Purpose of Disclosure:** I am requesting disclosure of these records in connection with the above-referenced litigation in which I am a plaintiff.

**Acknowledgements:**

I understand that once information covered by this authorization has been disclosed, redisclosure of that information by the Recipient is possible, and the information may no longer be protected by federal or state law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

I understand that my signing of this authorization is voluntary. Refusing to sign or revoking this authorization will not affect my health care treatment, enrollment in my health plan, or eligibility for payment and benefits under my health plan.

I further understand that, pursuant to applicable state law, I may have a right to receive a copy of this authorization as provided in 45 CFR 164.524.

**Term:** This authorization shall be valid through December 31, 2010 or the conclusion of my case, whichever occurs first. This authorization remains in full force and effect until such expiration, and further authorizes the Provider to release to the Recipient any additional records created or obtained by the Provider after the date hereof.

**Revocation:** I understand that I may revoke this authorization at any time by writing to the Employer at the Employer’s above address, but my revocation will not apply to information that has already been released before the Employer receives notice of any revocation. Cancellation, revocation, or modification will only be valid once the Employer receives written notification of such cancellation, revocation or modification. A copy of said notification shall also be sent to Stuart M. Gordon at Gordon & Rees. I also understand that provision of this signed authorization is required by Order of the Court in the litigation to which this authorization pertains, and that such revocation, without good cause, may consequently lead to sanctions.

**Copies:** Any photostatic copy of this document shall have the same authority as the original, and may be substituted in its place.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee or Legal/Personal  
Representative

\_\_\_\_\_  
Description of Personal Representative's  
Authority to Sign for Employee

**FOR MRC USE ONLY –**

**Plaintiff's Lawyer(s) to Receive Notices of Receipt of Requests and Records:**

Lawyer's Name(s): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Lawyer's Email(s): \_\_\_\_\_

(Required) \_\_\_\_\_

\_\_\_\_\_